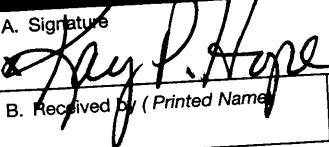


## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece.

Richard Allen, Commissioner  
101 South Union Street  
P.O. Box 301501  
Montgomery, AL 36130

COMPLETE THIS SECTION ON DELIVERY

A. Signature 	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery 06/14/08 RFD 100
Delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, enter delivery address below:	
D. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Num:

(Transfer from service label)

7005 1820 0002 3461 1161

102595-02-M-1540

PS Form 3811, February 2004

Domestic Return Receipt